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Application Number	10/835,870
Filing Date	08/05/2003
First Named Inventor	Theresa M. Miale
Title	Animal life and transport apparatus
Art Unit	3844
Examiner Name	Shaw, Elizabeth Anne
Attorney Docket Number	3458-CON

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 30084

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Name	Registration Number

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I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Theresa Miale</i>	Date	9/29/05
Name	Theresa Miale	Telephone	858-793-7314
Title and Company	Ty-Lift Enterprises ^(R)		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/635,870	
	Filing Date	08/05/2003	
	First Named Inventor	Theresa M. Miale	
	Art Unit	3644	
	Examiner Name	Shaw, Elizabeth Anne	
Total Number of Pages in This Submission	2	Attorney Docket Number	3458-CON

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DONN K. HARMS
Signature	
Date	October 11, 2005

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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